

tions and the condition of the ureters should be carefully ascertained in any suspicious case. These and other facts suggest that more careful study of renal and bladder troubles is now in order for scientific gynecologists.

Examination of the ureters may be made by inspection, by palpation, and by catheterization. The first may be practised by splitting the vesico-vaginal septum at the proper level, then turning the opening into the vagina, as suggested by Dr. Thomas Addis Emmet. This may be done by pressure from without, or by pressure through the rectum, as suggested by Dr. Polk. By palpation the course of the ureter is to be followed by delicate touch, compression being exercised both through the abdominal wall and the vagina. If the urethra is dilated, its course may not infrequently be traced by this means. The method of catheterization, is however, the most practical, and the method of Pawlik, that of freehand catheterization, is believed to be the most applicable.

In three cases of pronounced bladder trouble he found that it was the diseased ends of the ureters which were causing trouble, the trouble disappearing when these were cured. Other cases were also narrated to prove the value of this method of procedure. The literature of this subject is not extensive and includes, in addition to the papers of Pawlik and Simon, the theses of Bonnet and Chaumont, and the recent paper of Silbermann.

Dr. Polk found the subject one of great interest, and had given much time to its consideration, both upon the living and the dead subject. The method of examining the ureters which was commonly referred to was Pawlik's. He had made many trials of it, but usually without much success. He had found more satisfaction in making a button-hole fistula at the base of the bladder as recommended by Dr. T. A. Emmet, and then by suitable pressure the ends of the ureters could be made accessible. In palpating for the ureter it is to be remembered that it is between the line of the uterus and the brim of the pelvis. For a catheter he preferred one of broad curve like a prostatic catheter, and after this had been entered another instrument should be passed into the rectum, with which the onward course of this instrument in the ureter could be traced.

Dr. Ba che Emmet had found that as good results as by any method could be obtained as to deter-

mining the position of the ends of the ureters, by making a fistula in the base of the bladder, then pressing in the median line of the abdomen, then varying the pressure to one and then the other side. He believed that ureteral trouble complicated various uterine troubles, and that a diagnosis of pelvic disease could hardly be considered complete until the condition of the ureters was known. He did not believe that disease of the ureters was a very common complication of bladder disease.

DISEASES OF CHILDREN.

Diarrhœa in Infants, and its Bacteriological Relations.

Escherich has proved the common belief to be true that the meconium of a new-born child is entirely free from micro-organisms. Numerous, however, are the bacteria found in fæces, introduced doubtless with air, food, water, saliva, etc. It appears, however, that two species are constantly present, even in healthy milk-fed infants, viz., the bacterium lactis aerogenes, and bacterium coli commune. They have been called obligatory milk-fæces bacteria in contra-distinction to the inconstant bacteria, called facultative or potential bacteria. The bacterium lactis prevails in the upper intestines, but diminishes greatly in the colon. The bacterium coli on the other hand greatly increases in the lower bowel. These two are capable of growing without oxygen and produce fermentation. The first produces lactic acid, carbonic acid, and hydrogen. To it is probably due normal fermentation. The potential or inconstant bacteria are mostly aerobic (requiring oxygen), and are commonly more numerous in infants fed with cow's milk. The limited amount of oxygen in the bowel doubtless explains how anaerobics are much more common in the bowel than aerobics.

Escherich's work is thus of value as teaching that, with the alteration of food, as also of its quality, we may fairly expect disturbances of digestive functions. Thus the species are found to vary in milk fæces, meat fæces, a meat diet, etc. In summer diarrhœa there are abnormal changes in the contents of the stomach and of the intestines, in consequence of morbid secretions, peristalsis, and fermentations. In a paper by William Booker, M.D., Baltimore, are given some results of a biological examination of fæces. A sterilized glass